

Tepotinib

Adjudication Guideline

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Pharmaceutical

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Table of Contents

1.	Abstract	3
1.1	For Members.....	3
1.2	For Medical Professionals	3
2.	Scope	3
3.	Adjudication Policy.....	3
3.1	Eligibility / Coverage Criteria.....	3
3.2	Requirements for Coverage	4
3.3	Non-Coverage.....	4
3.4	Payment and Coding Rules	4
4.	Denial Codes.....	4
5.	Appendices	4
5.1	References	5
5.2	Revision History	5

1. Abstract

1.1 For Members

Tepotinib is an oral medication used for the treatment of advanced metastatic lung cancer. This drug is administered as an oral tablet. Before receiving Tepotinib, the patient is required to discuss with the healthcare provider about existing medical conditions. Your clinician should also know about the history of pregnancy, liver and lung function status prior to undergoing therapy with this drug.

1.2 For Medical Professionals

Tepotinib is a kinase inhibitor and approved by FDA for the treatment of adult patients with METex14 exon skipping variation advanced metastatic non-small cell lung carcinoma. Tepotinib is currently not indicated for paediatric patients. the medication is given orally. This medication may increase the risk of Interstitial lung disease and hepatotoxicity, and thus liver function and lung function are to be assessed in these patients. Some patients may experience some serious adverse effect upon drug administration, and it is highly recommended to be prescribed by trained and experienced health care professionals specializing in oncological treatment.

2. Scope

The scope of this adjudication rule is to highlight the coverage and payment for Tepotinib for all DAMAN-managed health insurance plans, subject to policy terms and condition.

3. Adjudication Policy

3.1 Eligibility / Coverage Criteria

Tepotinib is considered medically necessary for the treatment of advanced metastatic non-small cell lung cancer (NSCLC) when below criteria meet:

- 18 years of age or older.
- Documented diagnosis of Advanced metastatic NSCLC (non-small cell lung carcinoma) with METex14 mutation.

Tepotinib Dose and administration:

- 450 mg orally once daily with food until disease progression or unacceptable toxicity.

Tepotinib Dose Table:

Tepotinib Dose	Methods of administration
Oral 450 mg once daily.	Oral Tablets

3.2 Requirements for Coverage

- ICD and CPT / Drug codes must be coded to the highest level of specificity.
- Treatment should be initiated when the below requirements are met:
 - Documented evidence of METex14 skipping mutation with advanced metastatic lung cancer confirmed on histopathology/radiology report.
 - No evidence of Interstitial Lung Disease/Pneumonitis prior to initiation or during therapy.
 - Negative pregnancy status.
 - Liver Function within normal limits.

Eligible clinician Specialities:

Eligible clinician specialities
Medical Oncology
Radiation Oncology
Surgical Oncology

Questionnaire link:

[Tepotinib-Pre-approval-Form.pdf](#)

3.3 Non-Coverage

Tepotinib is not covered for visitor plan Administered by Daman.

3.4 Payment and Coding Rules

Please apply DOH payment rules and regulations and relevant coding manuals for ICD, CPT, etc.

4. Denial Codes

Code	Code Description
MNEC-004	Service is not medically indicated.
AUTH-001	Pre-approval was not acquired for rendered services.
CODE-010	Prescribing clinician is eligible for this service.
CODE-014	Activity/diagnosis is inconsistent with the patient's age/gender

5. Appendices

<https://www.damanhealth.ae/main/pdf/support/Questionnaire/Pre%20approval%20Form%20for%20Tepotinib.pdf>

5.1 References

https://www.nccn.org/professionals/physician_gls/pdf/nscl.pdf
https://www.ema.europa.eu/en/documents/product-information/tepmetko-epar-product-information_en.pdf
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<https://www.medicines.org.uk/emc/product/12970/smpc#gref>

5.2 Revision History

Date	Version No.	Change(s)
25/8/2023	V1	Release
19/10/2024	V2	AR Review
24/7/2025	V3	AR Review-New Reference added
08/07/2026	V4	AR Review

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